

Student's Name: _____

(Please Print)

SHASD Student Technology Device Insurance

2021-2022 School Year

August 25, 2021 through last day of school

It is the student's responsibility to take appropriate precautions to prevent damage, loss and/or theft of the issued technology device (Chromebook and/or iPad). Policy #815 identifies appropriate use of technology equipment.

If the issued technology device is lost or stolen, it must be reported to your building principal immediately. Theft or loss off-campus must be reported to the local police authority as well. A copy of the police report must be submitted to your principal as soon as possible. Failure to do so may result in personal liability for the replacement cost.

Parents are encouraged to check their homeowner's or other insurance policy to determine if the equipment is covered while in their possession off-campus.

SHASD ANNUAL TECHNOLOGY DEVICE INSURANCE

(Optional)

SHASD Technology Device Insurance covers repairs to the student's Chromebook and/or iPad not covered under the Technology Device Warranty; including, but not limited to, damage caused by accident, misuse, loss, inappropriate use of the laptop, or other such problems that are not covered by Hewlett Packard and Apple.

The full year fee (August 16, 2021 through last day of school) for this *optional* coverage is **\$30 for each technology device** and is due by September 27, 2021.

Claims against the insurance carry an initial deductible amount of \$10. Subsequent claims will result in a higher deductible rate per claim as listed below during the school year:

2nd claim = \$50 3rd claim = \$75 4th claim = \$100

Please note: The Annual Technology Device Insurance will cover all non-warranty repairs needed. The insurance does not cover the replacement of a technology device charger.

The following are the options regarding possession of a district-owned technology device:

- Purchase SHASD Annual Technology Device Insurance (Full year for 2021 -2022 school year)
- Assume personal responsibility should any damage occur or repairs be needed

Please check your preference:

_____ I will purchase SHASD technology device insurance, my payment is sent to the address below by September 27, 2021.

_____ I will assume personal responsibility should any damage occur or repairs be needed.

Your signature below denotes that you have read and understand the above information as it pertains to SHASD Technology Device.

Parent Signature: _____ Date: _____

Remit payment to: SHASD, Attn: Dr. Susan Morgan, 501 E. Main Street, Schuylkill Haven, PA 17972